CHAPTER 6

DEVELOPING THE PLAN OF ACTION

A. INTRODUCTION

Once the process-of-care investigation has been completed and the findings summarized, the agency is ready to focus on writing the plan of action. The plan of action is developed to improve (or reinforce) specific attributes of care currently being delivered by the agency. The activities incorporated in the plan of action are necessary to actually enhance patient outcomes. This chapter presents the components of the plan of action that relate to the target outcome and to the clinical actions or care processes that are perceived as impacting it. Findings from the process-of-care investigation will be further developed in the plan of action as specific best practices to be implemented by clinical staff. A plan of action format is presented here, and characteristics of successful plans of action are described.

B. WHAT IS THE PLAN OF ACTION?

Each plan of action is written to correspond to a specific target outcome. The plan becomes a guide for the outcome enhancement activities that should occur in the agency following the process-of-care investigation. (A sample completed plan of action is contained in Figure 6.1.) Following a standard format for the plan is strongly encouraged to be sure that all key elements are incorporated. The standard format clearly delineates both the findings of the process-of-care investigation and the clinical practices that the agency desires to put into place (or to reinforce). This format also incorporates implementation plans into a single document. The plan of action can be considered a road map for staff members to use to enhance the target outcome.

A blank plan of action form is included in Attachment A to this chapter. It can be copied and used when writing the plan of action (or otherwise reproduced in the same format). Experience has shown that agencies attempting to use their own format often overlook key components of the plan, which impedes their ability to impact their target outcome.

Note the key sections of the plan of action:

- Target Outcome
- Designation as Plan for Remediation or Reinforcement
- Statement of Identified Problem or Strength
- Best Practices
- Intervention Actions
- Monitoring Approaches/Activities
- Evaluation

FIGURE 6.1: Sample Plan of Action for the Target Outcome of Improvement in Toileting.

FAIRCARE HOME HEALTH AGENCY

Plan of Action for Quality Improvement

QUALITY IMPROVEMENT TEAM MEMBERS

1. Ben Morrell, RN
2. Madeline Arnold, RN
3. Alex Koulermos, PT
4. Sara Hanley, LPN
5. Sam Richard, OTR
6. Heidi Thomas, RN
7. _____
8. _____
9. _____

Outcome Report Date 10/01/01 Plan of Action Date 10/15/01

1. **Target Outcome Addressed by Plan of Action:**
   Improvement in toileting.
2. **Action Plan for (circle one):** a. (Remediation) b. Reinforcement
3. **Identified Problem or Strength:** When patients are only mildly impaired in toileting (e.g., M0680=1 - When reminded, assisted or supervised by another person, able to get to and from the toilet), care planning and interventions consistently do not adequately address the need for assistance or reminders.
4. **Clinical Actions or Processes Selected as Best Practices (Prioritized):**
   1) For patients mildly impaired in toileting, the case manager will address the problem in the care plan:
      a. For patients needing assistance to go to the bathroom, the case manager will consider the appropriateness of a PT or OT evaluation for the need for an assistive device.
      b. For patients needing reminders to go to the bathroom, the nurse will consider using the following interventions: (1) setting up a regular toileting schedule for the patient; (2) having the patient use a timer to remind him/herself to use the toilet.
   2) Every two weeks after the care plan is implemented, the patient's response to interventions and status of toileting impairment will be re-evaluated. Findings will be documented in the visit note.
   3) During case conferences, the case manager will identify toileting impairments and the care team will discuss interventions and patient's response to interventions. Case conferences will be documented.
5. **Intervention Actions (Prioritized):**

Action	Time Frame		Responsible Person(s)	Monitoring Approaches (and Frequency)
	Start	Finish		
a. Develop a standardized care plan for patients mildly impaired in toileting. Incorporate potential need for PT/OT evaluation.	10/10/01	10/19/01	Heidi Thomas Alex Koulermos	Care plan will be reviewed by Management Team before presented to staff.
b. Case conference form will be updated to include a section on toileting impairments and distributed to all clinicians in the 10/29 staff meeting.	10/10/01	10/19/01	Ben Morrell Sam Richard	QI team to review revised form.

FIGURE 6.1: Sample Plan of Action for the Target Outcome of Improvement in Toileting. (Cont'd)

Action	Time Frame		Responsible Person(s)	Monitoring Approaches (and Frequency)
	Start	Finish		
c. During staff meeting, present the results of the investigation and the action plan to clinicians. Present the standardized care plan for patients mildly impaired in toileting.	10/29/01	10/29/01	Madeline Arnold Sara Hanley	Document staff meeting attendance in meeting minutes. Follow up with any clinicians not present (to be done by supervisors).

6. **Evaluation:**

a. **Review of Plan:**
Date: 3/2002
Responsible person(s): Ben Morrell
Results:

b. **Next outcome report:**
Date: 10/2002
Result:
Next Step(s):

c. **Monitoring Activities:**

(1) **Activity:** Quarterly clinical record review to monitor staff use of standardized care plan, use of interventions listed on plan, and evidence of re-evaluation two weeks after implementing the care plan.
Date Completed:
Finding:
Response:

(2) **Activity:** Quarterly clinical record review to assess consistent use of case conference notes and for evidence of discussion of toileting impairment, interventions, and patient response to interventions.
Date Completed:
Finding:
Response:

(3) **Activity:** Every other staff meeting, have clinicians present case studies for patients for whom the care plan was followed vs. patients for whom the care plan was not implemented.
Date Completed:
Finding:
Response:

(4) **Activity:**
Date Completed:
Finding:
Response:

The first four components of the plan are discussed in this chapter. The remaining sections are presented in Chapter 7.

The plans of action from agencies successful in enhancing patient outcomes tend to display similar characteristics. First and foremost, they focus on patient care delivery - not on unrelated processes or agency structural components. The

plans also incorporate specifically stated aspects of care, not simply global observations. In these ways, they can be seen to truly guide clinical staff in care provision.

Outcome enhancement activities began with identification of a **target outcome** and determination of whether it needed to be improved or reinforced. The plan of action is for **remediation** if the goal is to improve the target outcome by changing the clinical actions of staff. A plan for **reinforcement** indicates that the goal is to maintain a superior outcome by reinforcing exemplary clinical actions currently being practiced by the clinical staff. At the completion of the process-of-care investigation, findings were summarized and determined to demonstrate either inadequate or exemplary care provision. These conclusions now will be developed into **statements of problem or strength** in care delivery. All these elements are part of the plan of action and can be included in the plan as determined by the responsible staff.

C. WHO DEVELOPS THE PLAN OF ACTION?

Since the plan of action is a natural extension of the process-of-care investigation, the same individuals (or group) who are responsible for the investigation efforts are the logical choices for developing the plan. If the agency has an established quality improvement group, it is likely to be involved in these steps of the outcome enhancement process. This group may be expanded to include clinical staff directly involved in the care processes central to the target outcome. The experiences gained during the process-of-care investigation - namely the development of the "should be done" list and the review of current care provision - are extremely valuable in the action plan development steps of specifying best practices and identifying appropriate intervention and monitoring approaches. The plan will be developed most efficiently when group members can move directly from the investigation step, building on the learning achieved in that part of the process.

D. STATEMENTS OF PROBLEM/STRENGTH IN CARE PROVISION

The conclusions from the process-of-care investigation form the basis for statements of problem (or strength) in care provision. Carefully develop the problem (or strength) statement since it will direct the remainder of the plan of action. The statement should describe the care provided to agency's patients in terms of the target outcome. It will either indicate what is being done in care provision that is causing unfavorable outcome results (a problem for the plan developed for remediation/improvement), or the statement will illustrate what care provision produced favorable outcome results (a strength for the plan developed for reinforcement).

Successful plans of action are found to include specific, clearly worded problem or strength statements, which the reader can see as being the focus of the entire plan. They also display a clear relationship or link to the target outcome. The problem/strength statement is very important because it indicates the target clinical action (care process). This will be the emphasis as the agency begins to change (or reinforce) the care being delivered by clinical staff.

Good problem (or strength) statements should have the following attributes:

- Describe specific aspects of care provision or care issues that demonstrate either inadequate or superior care (relative to problematic or exemplary outcomes, respectively).

- Use tangible and specific wording with concrete terms to which your clinical staff can relate, rather than general or vague concepts.

- Address issues that are within the agency's control.

- Focus on more than a change in agency documentation processes. If your problem statement centers on documentation, ask yourself "What is the clinical action that you expect to occur before it is documented?"

- Require boundaries to narrow the emphasis to a manageable size. Agencies sometimes must control their desires to change everything all at one time.

The problem/strength statement will guide the development of **best practices,** which in turn guide the development of the agency-level interventions to improve performance. It is critical that the problem/strength statement be specific, clearly worded, and directly related to the target outcome. Agencies have found that when the problem is stated very broadly (e.g., "For patients with dyspnea the assessment is not documented adequately"), vague best practice statements are developed, which result in nonspecific, unfocused actions being implemented by the clinical staff. Seldom do these unfocused activities have an impact on the target outcome.

In writing the problem/strength statement, ensure that all clinicians, all disciplines, or all affected agency staff members visualize the problem (or strength) in a similar way. This clarity is critical to direct staff members to necessary changes in their clinical practice. Note how important an issue this is when the problem statement is written as being "inadequacy of documentation." What should the clinicians in the agency do to correct this problem? Should they write more legible or more detailed visit notes? Should their assessments be improved in some way - and thus documented more adequately? Should their

care plans or their interventions be modified? When the agency staff is not aware of what the precise problem (or strength) is in providing care, it is less likely that changes in clinical actions or changes in patient outcomes will be seen.

Examples of good problem statements are:

1. Problem: In patients who have difficulty transferring due to pain, evaluating knowledge of nonpharmacologic approaches to pain management is infrequently included in the care plan.

2. Problem: For patients with shortness of breath at start (or resumption) of care, there is inadequate assessment of change in respiratory rate in response to activity.

Examples of well-specified statements of strength are:

1. Strength: Dyspneic patients are clearly taught and comply with programs of graded exercise.

2. Strength: For patients who have difficulty transferring, a thorough environmental assessment of all transferring locations (bathroom/bedroom/living/dining areas) is done.

All these statements clearly focus on specific aspects of patient care. All can be further developed as specific best practices expected of the clinical staff. A new clinician in the agency would know precisely what aspects of care should be emphasized for which type of patient.

After the statement of problem or strength is written, have another person in the agency review it. Ask them to think of themselves as a new agency employee as they read the statement. As a (hypothetical) new employee, would they understand what the agency has been doing well (or not so well)? Or does the statement simply restate the target outcome or present a vague picture of what has been happening in care provision (e.g., patients do not improve in managing their oral medications; bathing ability is inadequately addressed in providing care; etc.)?

E. STATEMENTS OF BEST PRACTICES

Once the problem/strength statement is clearly developed and added to the plan of action, focus on specifying best practices. These clinical actions identify exactly what the clinician should do and when and how it should be done. They further define the clinical actions that are expected to occur in the agency.

Similar to the writing of problem/strength statements, successful plans of action also include specific, precisely worded activities desired of an agency's clinical staff. The best practices need to focus on patient care and reflect activities that are within agency control. Their relationship to the problem/strength statement also should be readily apparent. They should address specific assessments, treatments and service interventions, and care planning and coordination within the agency. They may include documentation but must go beyond documentation to include the assessments and patient care provided.

Examples of good statements of best practices (for varying problem/strength statements) are:

1. Assessment: Nutritional risk factor assessment at SOC and monthly intervals will follow the Braden Scale guidelines.

2. Care planning: All postoperative orthopedic patients' care plans will include teaching of pain management during activity.

3. Coordination: When nursing and therapy are involved in providing care to a patient with dyspnea, both disciplines will utilize the same graded exercise teaching plan.

Remember that the statements of best practices will be used by clinical staff to modify current care provision (in the case of an inferior outcome) or to reinforce care provision (in the case of a superior outcome). Therefore, it is very important for these practices to be stated clearly and specifically. Test best practice statements using the following questions: If a new staff member reviewed the best practice statements, would he/she be able to identify exactly what to do in providing patient care in specific situations? Are the statements that clear and specific? This is the level of specificity that is being desired.

In many instances, the list of important clinical actions (compiled in the beginning stage of the process-of-care investigation) will be the starting place to develop best practices. Remember that this list was overly broad and inclusive at first. The list was developed to conduct the record review or staff interviews for investigation, but now the agency will want to prioritize the most important clinical actions to develop as best practices. Return to this inclusive list and prioritize those activities presumed to most directly impact the problem/strength statement and thus the target outcome. This again is an area where brainstorming and multivoting can be useful techniques. (Both techniques are discussed in Attachment B to Chapter 5.) For ease in implementation, approximately three or four best practice statements are optimal to include in the plan of action. Too many best practices can be difficult for the clinical staff to remember to implement regularly, thus reducing the potential impact on the target outcome.

Best practice statements also should address a range of clinical activities—not simply assessments to be performed or documentation to be completed.

The statements of best practices can now be added to the plan of action. This step concludes focus on the target outcome and the clinical actions that are perceived as impacting it. Focus now shifts to the actions involved in implementing the plan within the agency. These portions of the plan of action are presented in the next chapter.

F. TIMELINE FOR DEVELOPING THE PLAN OF ACTION

As noted in Chapter 5, agencies who have successfully enhanced patient outcomes have proceeded through the process-of-care investigation to the plan of action implementation within approximately one month after receiving their outcome report. This aspect of outcome enhancement also needs to proceed quickly to maximize the impact on patient care delivery (and thus on outcomes).

As the designated agency staff members move through the process-of-care investigation, they can begin work on the plan of action. When the care investigation is conducted efficiently, completing the best practices of the plan of action can be completed by approximately three weeks after receipt of the outcome report. This timeline allows approximately one additional week to develop and begin implementing the intervention activities designed to spread the best practices across the agency.

Again, the importance of the agency being prepared to receive the outcome and case mix reports and to put these activities into motion is emphasized. Chapter 9 will address how staff can be prepared in advance for the necessary steps to follow in developing the plan of action in a timely manner.

FREQUENTLY ASKED QUESTIONS

1. Our agency is part of a hospital-based health system and all the facilities in the system are required to use the same format for all their QI projects. How do we mesh that requirement with this OBQI process?

Several of the agencies in the national demonstration dealt with that issue successfully by educating a few key people at the corporate QI level about OBQI. Once the corporate QI team members understood the rationale and availability of existing data for the OBQI processes, they approved of and supported the agencies' use of the alternative format. If that transition takes time for your organization, you may have to do the best you can to incorporate the parts of the OBQI process into your required format, making every effort not to eliminate any portion. Most agencies have found that OBQI makes their previous quality improvement structure more efficient, because they do not have to spend several weeks or months collecting data to identify the problem. Agencies have sometimes found that the terminology in OBQI is slightly different than the terms they have been using, but that they are usually equitable.

2. Can you give some examples of "patient care delivery" issues that we should include in a plan of action and some "structural" components that we should not include?

*The **focus** of your plan of action is on patient care delivery rather than agency structural components, but that does not mean that agency structural components must never be mentioned in the plan. In the first example on page 6.6, "In patients who have difficulty transferring due to pain, evaluating knowledge of nonpharmacologic approaches to pain management is infrequently included in the care plan," the focus is on a patient care delivery issue. The care delivery issue is that of care planning and specific issues to address in the care plan. In developing actions to address this problem, an agency may need to implement some "system" or procedural changes, but those changes are not the focus of the best practices in the plan of action.*

On the other hand, if the problem statement addressed the need for the agency to hire only therapists whose basic professional education includes course content on nonpharmacologic pain management, the focus is on the structural components of quality. Structural issues are often more difficult to change rapidly, thus are less likely to have a quick impact on patient outcomes.

FREQUENTLY ASKED QUESTIONS

3. How do we know when our statements of problems, strengths, or best practices are specific enough or if they are too specific?

The problem/strength statement has reached the desired level of specificity if a new employee can read it and understand what the agency has not been doing well (or has been doing very well). The best practice statements are specific enough if any member of the clinical staff can read them and understand what care practices are to occur in the situation referenced, including who should do what, when, and with what frequency. It is difficult to imagine a statement that is too specific, as this does not tend to be an issue, but it would not be useful if the statement defined only a very narrow portion of the total problem/strength area.

4. We've always been instructed to make a "mission statement" at the beginning of our QI plan stating what our percentage of success has been and what we expect to achieve in the next time period (quarter or year, depending on the project). An example would be "Improvement in Bathing will increase from 36% to 54% within the next year." Could we use that for a problem statement?

Refer back to Section D in this Chapter about problem statements, where we emphasize that a problem statement should identify patient care issues that the agency desires to remedy. Your example does not indicate what care delivery problem has been identified or how the agency will move forward to improve the outcome. We caution agencies not to try to predict the following year's outcome, because the agency has no factual basis to make such a prediction. If you feel you must have such a mission statement, perhaps this would work, "This agency has had fewer patients than desired who have improved in their ability to bathe. While the causes of this may be many and varied, we have identified the following problems with patient care delivery which this plan of action will address: 1) Patients are not regularly referred for PT or OT when the SOC assessment reveals an inability to bathe independently. 2) Care plans for patients unable to bathe independently do not include interventions to assist the patient to progress toward independence."

FREQUENTLY ASKED QUESTIONS

5. If we write a best practice statement that addresses how clinicians do an assessment, would we also write a best practice about changing our assessment forms?

No, changing the forms would be part of the implementation (the things the agency needs to do to make the best practices happen). That part of developing the plan of action is addressed in the next chapter.

6. The time frame seems very short. I don't know how we can possibly follow the schedule.

Don't be defeated by your fears and anxiety. The next chapter will complete the task of introducing you to the development of the plan of action and its implementation, then we will discuss building an appropriate team and training staff members to participate in the process. Most of the team building and training can be done ***before*** *the agency accesses the outcome report. It does require planning ahead and allotting the time needed to complete the tasks, but the process can be successfully done in just a few weeks.*

ATTACHMENT A TO CHAPTER 6

PLAN OF ACTION FOR QUALITY IMPROVEMENT FORM

Plan of Action for Quality Improvement

QUALITY IMPROVEMENT TEAM MEMBERS

1. (Facilitator)	4.	7.
2.	5.	8.
3.	6.	9.

Outcome Report Date _____ Plan of Action Date _____

1. **Target Outcome Addressed by Plan of Action:**

2. **Action Plan for (circle one):** a. Remediation b. Reinforcement
3. **Identified Problem or Strength:**
4. **Clinical Actions or Processes Selected as Best Practices (Prioritized):**
   a.
   b.
   (add others as needed)
5. **Intervention Actions (Prioritized):**

Action	Time Frame		Responsible Person(s)	Monitoring Approaches (and Frequency)
	Start	Finish		
a.				
b.				
c.				
• • •				

6. **Evaluation:**
   a. **Review of Plan:**
      Date:
      Responsible Person(s):
      Results:

   b. **Next Outcome Report:**
      Date:
      Result:
      Next Step(s):

   c. **Monitoring Activities:**
      (1) **Activity:**
      Date Completed:
      Finding:
      Response:
      • • •

      (2) **Activity:**
      Date Completed:
      Finding:
      Response:
      • • •

ATTACHMENT B TO CHAPTER 6

EXERCISES IN EVALUATING PROBLEM STATEMENTS AND BEST PRACTICES

The first two exercises in this attachment focus on evaluating and writing problem statements. The remaining exercises focus on best practice statement evaluation and development.

EXERCISE 1: Evaluating Problem Statements

Directions: Below are three target outcomes with their corresponding problem statements. Review each and answer the questions that follow.

Target Outcome A: Improvement in Dyspnea

Identified Problem: For patients with dyspnea or noticeable shortness of breath, there is inadequate assessment of changes in respiratory rate and blood pressure in response to activity. Inadequate assessment of factors that may precipitate dyspnea is also evident.

Evaluation Criteria

1. Is the problem statement clear? _____
2. Is the statement directly related to the target outcome? _____
3. Would each care provider or staff member understand this? _____
4. Is the statement so broad that it will be difficult to develop a set of prioritized best practices to improve the target outcome? _____
5. Does the statement reflect a problem within control of the agency? _____
6. Does the statement focus on more than documentation? _____
7. If you were to modify the problem statement, how would you change it?

   _____

   _____

Target Outcome B: Improvement in Transferring

Identified Problem: Caregivers use inconsistent descriptions of transferring ability, so similar assessment data are not consistently interpreted. When difficulty in transferring is present, no specific interventions occur. Lack of continuity of staff adds to inconsistent patient teaching.

Evaluation Criteria

1. Is the problem statement clear? _____
2. Is the statement related to the target outcome? _____
3. Would each care provider or staff member understand this? _____

EXERCISE 1: Evaluating Problem Statements (Cont'd)

4. Is the statement so broad that it will be difficult to develop a set of prioritized best practices to improve the target outcome? _____

5. Does the statement reflect a problem within control of the agency? _____

6. Does the statement focus on more than documentation? _____

7. If you were to modify the problem statement, how would you change it?

   _____

   _____

Target Outcome C: Acute Care Hospitalization

Identified Problem: For patients with a cardiac diagnosis, appropriate interventions were not initiated in most cases.

Evaluation Criteria

1. Is the problem statement clear? _____

2. Is the statement related to the target outcome? _____

3. Would each care provider or staff member understand this? _____

4. Is the statement so broad that it will be difficult to develop a set of prioritized best practices to improve the target outcome? _____

5. Does the statement reflect a problem within control of the agency? _____

6. Does the statement focus on more than documentation? _____

7. If you were to modify the problem statement, how would you change it?

   _____

   _____

EXERCISE 1: Evaluating Problem Statements *(Responses)*

Target Outcome A: Improvement in Dyspnea

Identified Problem: For patients with dyspnea or noticeable shortness of breath, there is inadequate assessment of changes in respiratory rate and blood pressure in response to activity. Inadequate assessment of factors that may precipitate dyspnea is also evident.

Evaluation Criteria

1.	Is statement clear?	*Yes*
2.	Is statement directly related to the target outcome	*Yes*
3.	Understandable to each care provider/staff member?	*Yes*
4.	Too broad to develop set of prioritized best practices?	*Generally no. Two potential modifications would improve the statement: (1) specify the type(s) of "activity" that should initiate the assessment of changes in respiratory rate and blood pressure, and (2) clarify whether any interventions are expected to occur in response to the assessments noted.*
5.	Identify a problem within the agency's control?	*Yes*
6.	Focus on more than documentation?	*Yes*
7.	Modification needed?	*Note the potential modifications suggested in 4 above. To achieve an improved outcome rate, the agency is likely to desire that some clinical interventions occur in response to the assessment factors noted in the problem statement. These specific interventions would be very appropriately included in the best practices, which is why some mention of "interventions" is also needed in the problem statement.*

EXERCISE 1: Evaluating Problem Statements *(Responses) (Cont'd)*

Target Outcome B: Improvement in Transferring

Identified Problem: Caregivers use inconsistent descriptions of transferring ability, so similar assessment data are not consistently interpreted. When difficulty in transferring is present, no specific interventions occur. Lack of continuity of staff adds to inconsistent patient teaching.

Evaluation Criteria

1.	Is statement clear?	*Multiple problems are included in the statements, addressing interpretation of assessment data, lack of clinical interventions, staffing issues, and inconsistent patient teaching. It would be better to more specifically focus the problem statement.*
2.	Is statement directly related to the target outcome	*Yes*
3.	Understandable to each care provider/staff member?	*Staff members are likely to understand that there is a problem with assessing transferring and intervening appropriately. Aside from this issue, care providers are not likely to understand what they should be doing differently.*
4.	Too broad to develop set of prioritized best practices?	*Yes -- the set of best practices that would result from these statements appears quite lengthy and varied. The range of best practices might be difficult for clinicians to remember to implement. This again points out that focusing the problem statement is extremely desirable.*
5.	Identify a problem within the agency's control?	*Yes*
6.	Focus on more than documentation?	*Yes*
7.	Modification needed?	*Yes, to more clearly identify the exact nature of the problem in care provision that was identified in the process-of-care investigation.*

EXERCISE 1: Evaluating Problem Statements *(Responses) (Cont'd)*

Target Outcome C: Acute Care Hospitalization

Identified Problem: For patients with a cardiac diagnosis, appropriate interventions were not initiated in most cases.

Evaluation Criteria

1.	Is statement clear?	*No, it is very broad and general.*
2.	Is statement directly related to the target outcome	*No, the relationship between "patients with a cardiac diagnosis" and the hospitalization outcome is not identified.*
3.	Understandable to each care provider/staff member?	*Only that somehow the interventions being implemented for patients with cardiac diagnoses are not adequate.*
4.	Too broad to develop set of prioritized best practices?	*Yes. The range of interventions to be implemented for patients with cardiac diagnoses is very broad. Which of these interventions appear to be most relevant to decreasing hospitalizations?*
5.	Identify a problem within the agency's control?	*Lack of clarity in the problem statement leads to uncertainty as to whether this is within the agency's control or not.*
6.	Focus on more than documentation?	*Apparently yes.*
7.	Modification needed?	*Yes, greater specificity is needed -- possibly narrowing the type of cardiac diagnoses, specifying the interventions that are anticipated to decrease hospitalization, linking the problem statement to the outcome, etc.*

This small group activity can be used by the Care Process Action Team to discuss and evaluate problem statements prior to writing its own problem statement(s). If team members find it difficult, refer back to Chapter 6 before proceeding.

EXERCISE 2: Writing and Evaluating Your Own Problem Statement

Directions: Once your agency has selected its target outcome(s) and conducted its process-of-care investigation, use this form to write, review, and evaluate your problem statement(s).

Target Outcome: _____

Problem Statement: _____

_____

1. Is the problem statement clear? _____
2. Is the statement directly related to the target outcome? _____
3. Would each care provider or staff member understand this? _____
4. Is the statement so broad that it will be difficult to develop a set of prioritized best practices to improve the target outcome? _____
5. Does the statement reflect a problem within control of the agency? _____
6. Does the statement focus on more than documentation? _____
7. If you were to modify the problem statement, how would you change it?
   _____

Target Outcome: _____

Problem Statement: _____

_____

1. Is the problem statement clear? _____
2. Is the statement related to the target outcome? _____
3. Would each care provider or staff member understand this? _____
4. Is the statement so broad that it will be difficult to develop a set of prioritized best practices to improve the target outcome? _____
5. Does the statement reflect a problem within control of the agency? _____
6. Does the statement focus on more than documentation? _____
7. If you were to modify the problem statement, how would you change it?
   _____

EXERCISE 2: Writing and Evaluating Your Own Problem Statement (Cont'd)

Target Outcome: _____

Problem Statement: _____

_____

1. Is the problem statement clear? _____
2. Is the statement related to the target outcome? _____
3. Would each care provider or staff member understand this? _____
4. Is the statement so broad that it will be difficult to develop a set of prioritized best practices to improve the target outcome? _____
5. Does the statement reflect a problem within control of the agency? _____
6. Does the statement focus on more than documentation? _____
7. If you were to modify the problem statement, how would you change it?
   _____

This small group activity can be used by the Care Process Action Team to review and evaluate its own problem statement(s).

EXERCISE 3a: Evaluating Best Practice Statements

Directions: For the following four target outcomes, review the problem statements and the identified best practices. Focus on the best practices; answer the questions for each set of best practices.

Target Outcome: Improvement in Transferring

Problem Statement: Care plans for postoperative orthopedic patients do not include adequate teaching for pain management during transfers.

Best Practices:

A. Include teaching for pain management during transfers in all care planning for postoperative orthopedic patients.

B. Teaching content should include medication scheduling and positioning.

		Circle the appropriate response			
	Evaluation Criteria	Best Practice A		Best Practice B	
1.	Does the best practice statement focus on specific clinical action(s)?	Yes	No	Yes	No
2.	Does the best practice statement relate directly to the target outcome?	Yes	No	Yes	No
3.	Does the best practice statement specify what the clinician will do, when, and how?	Yes	No	Yes	No
4.	Does the best practice statement focus on documentation only?	Yes	No	Yes	No
5.	Is the best practice within the agency's control?	Yes	No	Yes	No
6.	Overall evaluation: Do you find the best practice adequate to address the identified problem? If not, what statement might you substitute? _____ _____	Yes	No	Yes	No

EXERCISE 3b: Evaluating Best Practice Statements (Cont'd)

Target Outcome: Improvement in Dyspnea

Problem Statement: There is inconsistent definition of dyspnea, so similar assessment data are not consistently interpreted. When dyspnea is present, no specific interventions occur.

Best Practices:

A. Staff will use a consistent definition of dyspnea in analyzing assessment data.

B. When dyspnea is detected, staff will intervene.

		Circle the appropriate response			
Evaluation Criteria		Best Practice A		Best Practice B	
1.	Does the best practice statement focus on specific clinical action(s)?	Yes	No	Yes	No
2.	Does the best practice statement relate directly to the target outcome?	Yes	No	Yes	No
3.	Does the best practice statement specify what the clinician will do, when, and how?	Yes	No	Yes	No
4.	Does the best practice statement focus on documentation only?	Yes	No	Yes	No
5.	Is the best practice within the agency's control?	Yes	No	Yes	No
6.	Overall evaluation: Do you find the best practice adequate to address the identified problem? If not, what statement might you substitute?	Yes	No	Yes	No

_____

_____

EXERCISE 3c: Evaluating Best Practice Statements (Cont'd)

Target Outcome: Acute Care Hospitalization

Problem Statement: Inadequate evaluation of changes in condition for patients with neurologic diagnoses.

Best Practices:

A. At SOC, request prn orders to address changes in condition for patients with neurologic dysfunction.

B. Thorough evaluation for patients with long standing diagnoses (e.g., MS, Parkinsons, old CVA, etc.).

		Circle the appropriate response			
	Evaluation Criteria	Best Practice A		Best Practice B	
1.	Does the best practice statement focus on specific clinical action(s)?	Yes	No	Yes	No
2.	Does the best practice statement relate directly to the target outcome?	Yes	No	Yes	No
3.	Does the best practice statement specify what the clinician will do, when, and how?	Yes	No	Yes	No
4.	Does the best practice statement focus on documentation only?	Yes	No	Yes	No
5.	Is the best practice within the agency's control?	Yes	No	Yes	No
6.	Overall evaluation: Do you find the best practice adequate to address the identified problem? If not, what statement might you substitute? _____ _____	Yes	No	Yes	No

EXERCISE 3d: Evaluating Best Practice Statements (Cont'd)

Target Outcome: Stabilization in Light Meal Preparation

Problem Statement: Inadequate utilization of aide services or referral to other disciplines when patients have difficulty with light meal preparation.

Best Practices:

A. At SOC, if patient unable to prepare light meals, assess need for aide services.

B. At SOC, if patient unable to prepare light meals, assess need for MSW referral or OT evaluation.

		Circle the appropriate response			
	Evaluation Criteria	Best Practice A		Best Practice B	
1.	Does the best practice statement focus on specific clinical action(s)?	Yes	No	Yes	No
2.	Does the best practice statement relate directly to the target outcome?	Yes	No	Yes	No
3.	Does the best practice statement specify what the clinician will do, when, and how?	Yes	No	Yes	No
4.	Does the best practice statement focus on documentation only?	Yes	No	Yes	No
5.	Is the best practice within the agency's control?	Yes	No	Yes	No
6.	Overall evaluation: Do you find the best practice adequate to address the identified problem? If not, what statement might you substitute? _____ _____	Yes	No	Yes	No

EXERCISE 3a: Evaluating Best Practice Statements *(Responses)* (Cont'd)

Target Outcome: Improvement in Transferring

Best Practice A: Include teaching for pain management during transfers in all care planning for postoperative orthopedic patients.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*Yes*
2.	Relates directly to the target outcome?	*Yes*
3.	Specifies what the clinician will do, when, and how?	*Partially - the "what" is included; "how" is assumed; "when" most likely assumed to be at SOC, but could be stated directly.*
4.	Focuses on documentation only?	*An issue here, since a care plan that is documented but not implemented is a possibility.*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*Questionable - is the real problem in care provision only a missing line in a care plan?*

Best Practice B: Teaching content should include medication scheduling and positioning.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*Yes*
2.	Relates directly to the target outcome?	*No - the statement lacks any connection to transferring*
3.	Specifies what the clinician will do, when, and how?	*Partially - "what" (content of teaching) is addressed in general terms; "when" and "how" are not included.*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*Questionable, due to concerns about the adequacy of the problem statement.*

EXERCISE 3b: Evaluating Best Practice Statements *(Responses)* (Cont'd)

Target Outcome: Improvement in Dyspnea

Best Practice A: Staff will use a consistent definition of dyspnea in analyzing assessment data.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*No - while data interpretation is what the clinician does with assessment data, more specific clinical actions would include precise assessment to be done.*
2.	Relates directly to the target outcome?	*Yes*
3.	Specifies what the clinician will do, when, and how?	*No*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*Questionable - the lack of specificity in the problem statement (see page 6.23) contributes to a similarly non-specific best practice.*

Best Practice B: When dyspnea is detected, staff will intervene.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*No - while intervention is a clinical action, specificity is lacking.*
2.	Relates directly to the target outcome?	*Yes*
3.	Specifies what the clinician will do, when, and how?	*No*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*Questionable - the lack of specificity in the problem statement (see page 6.23) contributes to a similarly non-specific best practice.*

EXERCISE 3c: Evaluating Best Practice Statements *(Responses)* (Cont'd)

Target Outcome: Acute Care Hospitalization

Best Practice A: At SOC, request prn orders to address changes in condition for patients with neurologic dysfunction.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*No - very broad actions represented.*
2.	Relates directly to the target outcome?	*No - appears to correspond to problem statement (see page 6.24), but doesn't truly address inadequate evaluation of condition changes.*
3.	Specifies what the clinician will do, when, and how?	*Partially - "when" (at SOC) is included; the "what" and "how" are not adequate.*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*No - obtaining orders for what to do when changes in condition occur doesn't address inadequate evaluation of such changes.*

Best Practice B: Thorough evaluation for patients with long standing diagnoses (e.g., MS, Parkinsons, old CVA, etc.).

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*No - "thorough evaluation" is a very broad statement, as is "long-standing diagnoses."*
2.	Relates directly to the target outcome?	*No*
3.	Specifies what the clinician will do, when, and how?	*No - few clinicians would know what is expected of them in providing care.*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*No - focuses on patients with "older" diagnoses (in contrast to those with more recent diagnoses), but doesn't address the components of an adequate evaluation of change in condition.*

EXERCISE 3d: Evaluating Best Practice Statements *(Responses)* (Cont'd)

Target Outcome: Stabilization in Light Meal Preparation

Best Practice A: At SOC, if patient unable to prepare light meals, assess need for aide services.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*Yes - a specific assessment.*
2.	Relates directly to the target outcome?	*Yes*
3.	Specifies what the clinician will do, when, and how?	*Partially - "what" (assess) and "when" (at SOC if patient is unable to prepare light meals) are included; "how" is not addressed; thus, considerable room for variation is present.*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*Marginally - adding both assessment criteria and the goals for aide services would strengthen the statement.*

Best Practice B: At SOC, if patient unable to prepare light meals, assess need for MSW referral or OT evaluation.

Evaluation Criteria

1.	Focuses on specific clinical action(s)?	*Yes - a specific assessment.*
2.	Relates directly to the target outcome?	*Yes*
3.	Specifies what the clinician will do, when, and how?	*Partially - "what" (assess) and "when" (at SOC if patient is unable to prepare light meals) are included; "how" is not addressed.*
4.	Focuses on documentation only?	*No*
5.	Lies within the agency's control?	*Yes*
6.	Adequately addresses the identified problem?	*Marginally - adding assessment criteria and the goals for MSW referral/OT evaluation would strengthen the statement.*

This exercise can be used by the Care Process Action Team to evaluate and discuss best practice statements. This should be done as preparation for developing the agency's own best practice statements.

EXERCISE 4: Writing and Evaluating Your Own Best Practices

Directions: For your agency's target outcome(s) and problem statements, develop specific best practices. Then evaluate your best practices against the criteria.

Target Outcome:

Problem Statement:

Best Practices:

A.

B.

C.
(add others as needed)

For each best practice, answer the following questions.

Evaluation Criteria		Best Practice A		Best Practice B		Best Practice C	
1.	Does the best practice statement focus on specific clinical action(s)?	Yes	No	Yes	No	Yes	No
2.	Does the best practice statement relate directly to the target outcome?	Yes	No	Yes	No	Yes	No
3.	Does the best practice statement specify what the clinician will do, when, and how?	Yes	No	Yes	No	Yes	No
4.	Does the best practice statement focus on documentation only?	Yes	No	Yes	No	Yes	No
5.	Is the best practice within the agency's control?	Yes	No	Yes	No	Yes	No
6.	Overall evaluation: Do you find the best practice adequate to address the identified problem? If not, what statement might you substitute? _____ _____	Yes	No	Yes	No	Yes	No

Use this exercise to evaluate your agency's own best practice statement(s). If revisions are necessary, make them and use the criteria again to review the new statements.

ATTACHMENT C TO CHAPTER 6

AGENCY STRATEGIES FOR DEVELOPING STATEMENTS OF PROBLEM OR STRENGTH IN CARE PROVISION

1. The findings of the process-of-care investigation are summarized in the problem/strength statements, i.e., the root causes of the inferior or superior target outcome are identified.

2. Problem/strength statements should contain tangible, clear wording using concrete terms to which clinical staff can relate. Specifically worded statements will assist in presenting the plan to staff, thus increasing the likelihood of impacting outcomes.

3. A logical, consistent link between the target outcome and the problem/strength statement should be evident. Problem/strength statements should focus the reader on the direction of the remainder of the plan of action.

4. Problem/strength statements guide the development of "Best Practices," which in turn guide the development of agency-level interventions in the plan of action.

5. Problem/strength statements:

   - Describe specific aspects of care provision or care issues.
   - Focus on patient care delivery and have a clear link to the target outcome.
   - Address patient care issues that are within the agency's control.
   - Focus on the CARE provided, not just on documentation of that care.
   - Have a somewhat narrow focus to emphasize a manageable area of change.

6. An example of an acceptable problem statement for the target outcome, Improvement in Dyspnea, is: "For patients with noticeable shortness of breath at start of care, there are inadequate assessments of respiratory rate changes in response to activity." This statement focuses on patient care, addresses issues within the agency's control, includes more than documentation, uses specific wording, and can guide the development of best practices.

7. An example of an unacceptable problem statement for the target outcome, Improvement in Dyspnea, is: "For patients with dyspnea, assessment is

inadequate." This statement is focused on patient care; however, it is not specific, and would not guide the development of a reasonable (do-able) list of best practices.

8. An example of an acceptable strength statement for the target outcome, Acute Care Hospitalization, is: "At the start of care, patients and caregivers are taught the changes in a patient's signs and symptoms that would warrant a call to the agency." The statement addresses a patient care issue beyond documentation and guides the development of best practices.

9. An example of an unacceptable strength statement for the target outcome, Acute Care Hospitalization, is: "Patients are properly assessed and physicians are notified." The timing of the activities listed and whether they are related to hospitalization is not clear. There is simply not enough information on which to base specific best practices without addressing all assessments and all of the occasions that necessitate physician notification.

ATTACHMENT D TO CHAPTER 6

AGENCY STRATEGIES FOR DEVELOPING STATEMENTS OF BEST PRACTICES

1. Best practices are clinical actions for a specific target outcome that identify exactly what the clinician should do and when and how it should be done.

2. Best practices should have an obvious link to the problem/strength statement. This will ensure that the best practices are also clearly and consistently linked to the target outcome.

3. Best practices must be patient care centered and reflect activities that are within an agency's control.

4. Best practices address specific assessments, patient care interventions, care planning, and care coordination within the agency that are directly linked to the problem/strength statement.

5. Best practices may include documentation, but only as needed to accompany specified patient care activities (i.e., must not be limited to documentation).

6. State best practices clearly and specifically so that staff can identify exactly what to do when providing patient care in specific situations.

7. To expedite implementation, three or four best practice statements are optimal to include in your plan of action. Including too many can make it difficult for clinicians to consistently remember, thus reducing the potential impact on your target outcome.

8. As with developing the list of care practices that "should be done" before doing the investigation of the target outcome, the staff is the best resource for identifying best practices. They can contribute by writing suggestions on a conspicuously located poster board or by "voting" for their favorite care practices by ballot. This approach is particularly effective if the staff has received training about how this activity fits into OBQI, the importance of their input, and the request to do so has been provided in advance (by written message, voice mail, or e-mail).

9. An example of an acceptable best practice statement for the target outcome, Improvement in Dyspnea, is: "For all patients with dyspnea, an inclusive cardiopulmonary assessment per the (specified) Manual will be performed and documented at all assessments." This statement clarifies for any reader that a specific clinical activity will occur at a specified frequency.

The statement assumes that the staff in the example agency has knowledge of and easy access to the specified manual.

10. An example of an unacceptable best practice statement for the target outcome, Improvement in Dyspnea, is: "For patients with dyspnea, a complete respiratory assessment will be done." This statement does not reference any guidelines for the "complete respiratory assessment" or clarify the frequency with which the assessments should be performed. A new staff member in the agency would not know precisely what to do when he/she encounters a patient with dyspnea.